

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|------------------------|-----------------|
| Application No. | 09/872,125 |
| Filing Date | May 31, 2001 |
| First Named Inventor | Steve West |
| Art Unit | 2666 |
| Examiner Name | Mehra, Inder P. |
| Attorney Docket Number | 5043P013 |

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|--|----|
| Total Number of Pages in This Submission | 19 |
|--|----|

ENCLOSURES (check all that apply)

| | | | | |
|---|---|---|---------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return postcard.</div> | | |
| <table border="1"><tr><td>Remarks</td><td></td></tr></table> | | | Remarks | |
| Remarks | | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | Kevin G. Shao, Reg. No. 45,095 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature | |
| Date | 1/4/2005 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | | | |
|-----------------------|----------------|------|--------|
| Typed or printed name | Cathy Bachmann | | |
| Signature | | Date | 1-4-05 |



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 09/872,125 |
| Filing Date | May 31, 2001 |
| First Named Inventor | Steve West |
| Examiner Name | Mehra, Inder P. |
| Art Unit | 2666 |
| Attorney Docket No. | 5043P013 |

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)

☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| 1. EXTRA CLAIM FEES | | Extra Claims | Fee from below | Fee Paid |
|---------------------|----|--------------|----------------|----------|
| Total Claims | 26 | 63* = 0 | 50.00 | \$0.00 |
| Independent Claims | 2 | 14* = 0 | 200.00 | \$0.00 |
| Multiple Dependent | | | | |

| Large Entity | Small Entity |
|--------------|--------------|
| Fee Code | Fee Code |
| 1202 50 | 2202 25 |
| 1201 200 | 2201 100 |
| 1203 360 | 2203 180 |
| 1204 300 | 2204 150 |
| 1205 300 | 2205 150 |

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity |
|--------------|--------------|
| Fee Code | Fee Code |
| 1051 130 | 2051 65 |
| 1052 50 | 2052 25 |
| 2053 130 | 2053 130 |
| 1251 120 | 2251 60 |
| 1252 450 | 2252 225 |
| 1253 1,020 | 2253 510 |
| 1254 1,590 | 2254 795 |
| 1255 2,160 | 2255 1,080 |
| 1401 500 | 2401 250 |
| 1402 500 | 2402 250 |
| 1403 1,000 | 2403 500 |
| 1451 1,510 | 2451 1,510 |
| 1460 130 | 2460 130 |
| 1807 50 | 1807 50 |
| 1806 180 | 1806 180 |
| 1809 790 | 1809 395 |
| 1810 790 | 2810 395 |

Other fee (specify) _____

SUBTOTAL (2)

Fee Paid

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Kevin G. Shao

Registration No. (Attorney/Agent) 45,095

Telephone

(408) 720-8300

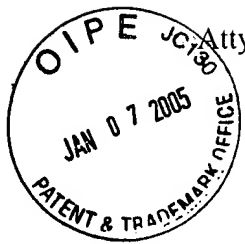
Signature

Kevin G. Shao

Date

1/4/2005

2666
P



Atty. Docket No. 005043.P013

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|----------------------------------|---|---------------------------|
| In re Application of: |) | |
| |) | |
| Steve West, et al. |) | Examiner: Mehra, Inder P. |
| |) | |
| Application No. 09/872,125 |) | Art Unit: 2666 |
| |) | |
| Filed: May 31, 2001 |) | Confirmation No.: 5575 |
| |) | |
| For: DISTRIBUTED CONTROL OF DATA |) | |
| FLOW IN A NETWORK SWITCH |) | |

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO THE OFFICE ACTION

Sir:

In response to the Office Action dated October 5, 2004, Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

| | |
|---|--------|
| FIRST CLASS CERTIFICATE OF MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment to the Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on | |
| 1-4-05 | |
| Date of Deposit | |
| CATHY BACHMANN | |
| Name of Person Mailing Correspondence | |
| Cathy B | 1-4-05 |
| Signature | Date |